

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
Milk and Dairy Food Safety Branch
1220 N Street
Sacramento, CA 95814
(916) 900-5008



**APPLICATION FOR LICENSE TO MANUFACTURE
PRODUCTS RESEMBLING MILK PRODUCTS**

Application is hereby made for a license to manufacture products resembling milk products for the calendar year ending December 31, _____.

NAME OF BUSINESS: _____ PHONE #: _____

LOCATION OF BUSINESS: _____
Number Street Unit # City Zip Code

MAILING ADDRESS: _____

CHECK ONE: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation FED TAX ID#: ____ - ____

NAME OF OWNER(S) (PLEASE PRINT; if corporation, give name of President):

LAST NAME: _____ FIRST NAME: _____

Signature: _____

Previous business name: _____ Previous owner's name: _____

PRODUCTS PROCESSED / MANUFACTURED:

NONDAIRY
(no milk or milk solids)

All MILKFAT REPLACED
(by other fats/oils)

ADDED FATS/OILS
(in addition to milk fat)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Each product is required to be registered separately. See Application Form 72-259

Please make the check payable to: **CDFA 90104**. Mail this application and \$100.00 application fee to: **CASHIER, California Department of Food and Agriculture**

P.O. Box 942872, Sacramento, CA 94271-2872

***** **FOR REGISTERED DAIRY INSPECTOR USE ONLY** *****

Dairy Foods Specialist's Signature: _____ RDI # _____ Date _____

Amount Received: \$ _____

RC#: _____